

*Privileged and Confidential: Attorney-Client Work Product
Interview Conducted by: Susan Plante and Sarah Marchand*

Prescriber Interview Notes

PRESCRIBER NAME: Frank Veres, DO

OTHERS ON CALL/ROLE: None.

DATE AND TIME OF INTERVIEW: Thursday 3/29/18

PHONE NUMBER: (330) 847-7142

SOURCE/DRUG OF CONCERN: Algorithm; hydrocodone

PRACTICE INFORMATION

1. Primary Practice location: 4681 Mahoning NW Warren, OH 44483
2. Other Locations: Three nursing homes.
3. How long have you been working at this location? 53 years
4. Days/Hours of operation: Monday through Friday from 8am-5pm.
5. Do you own the practice? Yes.
6. Estimated number of patients the practitioner sees daily? 40 – 50 patients per day.
7. Number of practitioners in this office? 1 Medical doctors; 0 nurse practitioners; 0 physicians assistants
8. Describe your practice type: Solo practitioner – thinking about bringing in a NP
9. Does your office accept Insurance? Yes – a lot of Worker's Comp/Medicare/Medicaid/Private
10. Are you currently accepting new pain management patients? No.
11. What are the common chief complaints of your pain management patients? Some cancer, broken bones, arthritis.
12. Does your office perform interventions? Yes – sets broken bones. Trigger injections, cortisone, etc. All goes to consultations for a second opinion.
13. Do you dispense controlled substances out of the office? No
14. Website: None.
15. What is your goal for your pain management patients? To improve function

PRESCRIBER INFORMATION

1. What is your specialty? Sports medicine, geriatrics, family practice. Medical director x 3 nursing homes.
2. Current practice specialty? Same as above.
3. Board Certified? Yes x 3

PRACTICE PROTOCOLS

1. How do you incorporate urine monitoring in your practice? Yes, he does them periodically on random months for years.

*Privileged and Confidential: Attorney-Client Work Product
Interview Conducted by: Susan Plante and Sarah Marchand*

2. How do you respond when a patient tests positive for an illicit substance (i.e. cocaine, heroin or methamphetamine)? No heroin this month. Three cocaine this month and they need to be dealt with- stops prescribing controlled substances.
 - a. Marijuana? Now it is more acceptable.
3. How do you respond when a patient does not have the opiate medication you prescribed in their urine? Need to deal with those. Do a spontaneous pill counts. He has a thick list of patients who he has caught diverting their medication.
4. How do you utilize the PMP? OARS – if doctor shopping – contracts allow them to discharge in this instance.
5. How do you determine if they have legitimate medical need versus seeking behavior? MRI, X-ry, diagnostic imagining.
6. What tools/methods do you use to assess a patient's potential risk of abuse? No early refills, no extra medicine, 120 limit.
7. Do you prescribe opioids on the first visit? No
8. How do you utilize long acting medications in conjunction with short acting agents? I have, but patients like to dose their pain – not that it is necessarily the best approach. Plus much more expensive.
9. Have you ever had a patient expire due to an overdose from medication you prescribed? An occasional suicide but not intentionally. Definitely heroin and fentanyl OD. (Please explain) N/A.

SPECIFIC QUESTIONS TO RESOLVE RED FLAGS:

1. Cocktail Share: percentile; % of prescriptions are being filled in combination with another higher risk medication (i.e. Why and how do you prescribe methadone, benzodiazepines, muscle relaxants or stimulants in conjunction with opioids? Too much drowsiness with most muscle relaxers so he uses diazepam as the muscle relaxer and avoids Xanax because he knows there is a market for it.

Additional Information: Some patients are hospice in the nursing home. Most of the pain management is chronic, although he does do some acute like broken arms – he has an x-ray machine in the office. Most patients do not take more than 120/month. Actual patients x 7 days only. In OH, if you are going to be involved in prescribing opioids you need to be certified and audited by the pharmacy board. Also does minor surgeries and PT.

CONCLUSION

We felt comfortable with the prescriber's credentials for working in settings where he provides a large percentage of pain management services. He is triple board certified. He was able to provide an explanation

*Privileged and Confidential: Attorney-Client Work Product
Interview Conducted by: Susan Plante and Sarah Marchand*

for the volume and prescription combinations we have observed. Overall, we are comfortable with the policies and procedures in place for establishing a legitimate medical need for the medication he is prescribing and for preventing misuse/diversion of controlled substances. We will leave his DEA number active in our system and continue to monitor his CS dispensing moving forward.

OUTCOME

- Keep Active & Review (yellow)